

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/936835

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		01				
2		1					52		01				
3		1					53	1	01				
4		1					54		01				
5		1					55		01				
6		51					56		01				
7		01					57		01				
8		01					58		01				
9		01					59		01				
10		01					60		01				
11		01					61		01				
12		01					62		01				
13		01					63		01				
14	1	01					64		01				
15		01					65		01				
16		01					66		01				
17		01					67		01				
18		01					68		01				
19		01					69		01				
20		01					70	1	01				
21		01					71		01				
22		01					72		01				
23	1						73	1	01				
24	1						74		01				
25	1						75	X					
26		1					76		X				
27		1					77	X					
28	1						78						
29		1					79						
30		1					80						
31		31					81						
32	1						82						
33		1					83						
34		1					84						
35		1					85						
36		01					86						
37		01					87						
38		01					88						
39		01					89						
40		01					90						
41	1	0					91						
42	1	0					92						
43	1	0					93						
44	1	0					94						
45		01					95						
46		01					96						
47		01					97						
48		01					98						
49		01					99						
50		01					100						
TOTAL							TOTAL IND.	14					
TOTAL							TOTAL DEP.	51					
TOTAL CLAIMS							TOTAL CLAIMS	73					